

Female Infanticide

- A Blot on the Human Community



Centre for Rural Health and Social Education

3702

Community Health Cell
Library and Documentation Unit
BANGALORE

SEMINAR ON

**TOWARDS PREVENTION
OF
FEMALE INFANTICIDE**

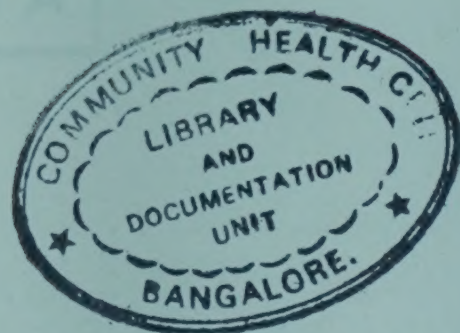
15th to 17th June 1995

A REPORT

Centre for Rural Health and Social Education
A - 11, Ashok Nagar, Tirupattur - 635 601

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“ TOWARDS PREVENTION OF FEMALE INFANTICIDE ”

THE history of civilisation is replete with social evils. India is no exception. The ancient system of 'Sati' where the wife is cremated along with her dead husband is well known. Most people are also familiar with dowry deaths through bride burning. Less publicized is the social evil of female foeticide and female infanticide.

The Centre for Rural Health and Social Education (CRHSE) an NGO based in Tirupattur, North Arcot Ambedkar District, Tamil Nadu, has had a creditable record of active village programmes related to social concerns and training of social activists for appropriate social action.

CRHSE organised a seminar "Towards Prevention of Female Infanticide" at its Human Resource Development Centre, Yelagiri Hills, from June 15th to 17th, 1995. Various organisations involved with this problem based in and around Tamilnadu were invited to participate by sharing their experiences, and to formulate recommendations to the Govt. of Tamil Nadu, NGOs and also to the people of Tamil Nadu.

The excellent key note address by Dr Sabu George, illustrated aptly with up-to-date data, set the right tone for a productive seminar. The deliberations which took place in the seminar were useful and instructive. The seminar concluded with specific recommendations for action.

CRHSE deserves our appreciation in bringing out this report in a booklet form with the hope that continued action to tackle this problem will be generated by all concerned.

18.08.1995

Dr V. BENJAMIN
PRESIDENT, CRHSE

TOWARDS PREVENTION OF REMOTE INFANTICIDE

The history of infanticide is a long and dark one, stretching back to the earliest times of man. It is a crime which has been committed in all ages and in all lands. It is a crime which has been committed in all ages and in all lands. It is a crime which has been committed in all ages and in all lands.

The Commission for the Prevention of Infanticide was established in 1907. Its purpose was to investigate the causes of infanticide and to propose measures for its prevention. The Commission has since that time been working hard to achieve its purpose.

During the past few years, the Commission has been particularly busy. It has held many conferences and has received many suggestions from all over the world. It has also been working on a number of important projects, including the establishment of a permanent international commission for the prevention of infanticide.

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It is by now common knowledge that the issue of Female Infanticide has become a critical and serious matter affecting not only the life of many infants but also the image and personality of our society. Several incidences of female infanticide have been reported both in direct and in indirect ways. Government Departments and Non-Government Organisations too have taken serious note of this and have instituted measures to counter this problem - with or without much success.

The Centre for Rural Health and Social Education came forward to sponsor a Seminar to discuss ways and means by which Female Infanticide can be prevented. The main objectives of Seminar are as follows :

1. To understand the problem of Female Infanticide in Tamil Nadu.
2. To learn from the experiences of those who have already undertaken action on this sensitive issue.
3. To develop appropriate and relevant programmes of action to combat this problem through :
 - a. Education
 - b. Economic Uplift
 - c. Networking
 - d. Documentation

It was decided to conduct the seminar from 15th to 17th June, 1995 at Yelagiri Hills, inviting experts, participants from NGOs who are already involved in this work, others interested in initiating such programmes and media people.

Programme Schedule

June 14th, Wednesday : Arrival

June 15th, Thursday

CHALLENGES IN COMBATING FEMALE INFANTICIDE

- 8:00 - 8:30 am BREAKFAST
- 10:00- 11:00 am Registration and Tea
- 11:00- 11:45 am Introduction of Participants
- 11:45 - 12:00 noon Introductory Remarks on the Seminar by Dr. Sheila Benjamin and formation of Drafting Committee
- 12:00 - 1:00 am Keynote Address by Dr. Sabu George and General Discussion
- 1:00 - 2:30 pm LUNCH
- 2:30 - 4:30 pm Group Discussion and Plenary on some Key Questions
- 4:30 - 5:00 pm Tea
- 6:00 - 7:40 pm Screening of Tamil film entitled "Karuthamma"
- 7:40 - 8:30 pm Discussion on the Film
- 8:30 - 9:15 pm DINNER

June 16, Friday

SHARING OF EXPERIENCES

- 8:00 - 8:30 am BREAKFAST
- 9:00 -11:00 am Different Strategies to Prevent Femicide
 1. Mr R. Venkatachalam
Community Services Guild, Salem
 2. Ms Madhavi Ashok
UNICEF, Madras
 3. Ms Andar Damodaran
Indian Council for Child Welfare,
Tamilnadu
 4. Mr A. Renganathan
Village Reconstruction and
Development Project, Salem
 5. Mr Sivakumar
Centre for Rural Health and
Social Education, Tirupattur
- 11:00 -11:30 am Coffee Break

- 11:30 - 1:00 pm Discussion on the Experiences
- 1:00 - 2:30 pm LUNCH
- 2:30 - 4:30 pm Panel Discussion on Female Infanticide

Moderator : Dr. V. Benjamin

- Panelists:*
1. Ms Ammu Joseph,
Media perspective on female infanticide
 2. Ms Kavitha,
Legal aspects of female infanticide
 3. Prof Saraswathy,
Creating social awareness through education

- 6:30 - 9:30 pm Preparation of Draft Seminar Statement

June 17, Saturday

AGENDA FOR ACTION AND NETWORKING

- 08:00- 08:30 am BREAKFAST
- 09:00- 09:20 am Orientation to Group Discussion on Future Agenda for Action
- 09:20- 10:30 am Group Discussion: Documentation, Networking, and Programmes for the girls by Government and Non-Government Agencies
- 10:30- 11:30 am Plenary and Adoption of Seminar Statement
- 11:30- 12:00 pm Concluding Remarks by Mr Bennet Benjamin
- 12:30- 01:00 pm Lunch and Departure

WE, the participants of the Seminar on "TOWARDS PREVENTION OF FEMALE INFANTICIDE", organised by the Centre for Rural Health and Social Education, Tirupattur, North Arcot Ambedkar District at Yelagiri Hills from June 15 to 17, issue the following statement to highlight the problem of female infanticide and suggest ways of dealing with it effectively. About twenty NGOs and UNICEF participated in this seminar along with experts on this subject.

The deliberations started with a detailed presentation on the problem by Dr Sabu George which was based on more than five years of research. The presentation highlighted the attempts during the colonial period to stamp out the practice of female infanticide. It also reviewed the current NGO efforts and Govt. schemes to reduce the incidence of female infanticide. Following this presentation the group discussed the problems before them in combating female infanticide with inputs from experts and participants shared their experiences. An action plan was also evolved.

The group appreciated the Tamil Nadu Govt. for having formally acknowledged the existence of the practice in the year 1992.

However, the group concluded that:

1. Female infanticide is a slur on humanity and must be eradicated from the Society.
2. There is inadequate understanding of this problem as there is little reliable information on female infanticide (causes, prevalence, high risk areas and the groups affected).
3. The criminalisation of female infanticide has complicated collection of accurate data on numbers of births, deaths and causes of death.

4. Many of the surviving girl children are subject to severe neglect.
5. This problem cannot be dealt with in isolation. It has to be seen in a holistic manner.
6. The current welfare programmes are not properly planned and too often poorly implemented at the grassroots level.
7. Such welfare schemes have eroded people's faith in the government's ability to deal effectively with this problem.

With this understanding, the participants commit ourselves to the goal of eradicating female infanticide.

We appeal to the citizens to support the groups working on this problem and build a people's movement for creating a society free of discrimination against women.

We request the NGOs to address this problem with a sense of urgency :

- to develop appropriate action plans ;
- to share experiences gained ; and
- to form coalitions to sensitise the public for the eventual elimination of female infanticide.

We call upon the government of Tamil Nadu to stop the criminalisation of female infanticide. The government should approach the problem in a humane and compassionate manner. We demand that the government work together with NGOs to conceive plans within a year and implement them in appropriate ways to achieve the State goal of eradicating female infanticide by the year 2000 A.D.

June 15 - 17th, 1995
Yelagiri Hills

A Perspective on Female Infanticide

Dr. Sabu George

Visiting professor,
Society for Applied Studies, Calcutta

THIS perspective is based on over 5 years of work on female infanticide. Living in Kavanur village, during 1986-90, I was able to document the practice in 12 villages within the project area of RUHSA¹ over a period of four years. I have also studied femicide in other countries, and examined the British colonial response to the practice. In the last seven months, I have visited and observed the female infanticide prevention programmes of several organisations in Tamil Nadu. I attempt a critical review of the existing programmes to prevent female infanticide in Tamil Nadu. The possible consequences of coercive approaches by the state are highlighted.

Formal recognition of female infanticide in TamilNadu

The TamilNadu Government should be appreciated for formally acknowledging in 1992 the existence of female infanticide. It is the first Indian state to do so though female infanticide is prevalent in more than 10 states in our country. The Schemes of the Tamil Nadu Govt. such as the cradle baby scheme, the Jayalalitha Girl Child Protection were unique responses. Some of the other policies of the present govt. to raise the status of the girl child include the appointment of only women teachers in primary schools and compulsory primary education for children, which is imperative to prevent female infanticide.

Colonial British response to female infanticide²

Archival evidence reveals that there were incidents of female infanticide in 1800s in the north west provinces. The British had enacted legislations against female infanticide in the 18th and 19th centuries. In 1789, we have the first recorded action of the British on female infanticide. Of course many of

the reform actions of the British in India were motivated by the objective of providing moral legitimacy to their colonisation of our country. It was also considered to be their Christian obligation to stamp out such social evils.

The British attempted to prevent the practice of female infanticide in several ways. They tried initially a 'reform approach' which included signing agreements with communities to stop female infanticide, to avoid dowry and also encouraged economy at marriages. However, impatience with reforms later led to repressive approaches. In 1870 the Female Infanticide Act was enacted. Special anti-infanticide squads were formed to monitor clans with a high incidence of female infanticide. Special censuses were taken every one to three years and registration of pregnancies, births and deaths of female children were compulsory. The death of any female infant less than 6 months old led to police inquest. Suspected female infanticide cases were then examined by a civil surgeon. The informers to the Govt. were the chowkidars, midwives and the police.

By 1874 the measures became more coercive. Even female child illness was reportable. Police stations had a register of all dais. The dais were required to report if not called for deliveries. A police officer was expected to visit the house of every new female child and threaten action if it were to die.

Community resistance

The communities reacted to these repressive measures by removing pregnant women from villages. Girl babies born were claimed to be boys. Cases of female infanticide were reported as stillbirths, while during the census, girls were borrowed from the neighbours and other villages.

The methods of killing female infants were also changed as successful convictions took place only when the body had marks of violence. Chowkidars and other informers were bribed or threatened and transferred if they reported to the police.

By 1900 the British claimed to have stamped out femicide in north west provinces but demographic and archival evidence did not support such claims. By 1912 the civil servants dismantled anti-infanticide squads and closed the registers as combating the political struggle for independence became a more pressing concern.

Causes of female infanticide in Tamil Nadu

Although the fundamental cause of female infanticide is the poor status of women, some of the immediate causes that have been put forth and need careful study are the Green revolution, the change from food to cash cropping and the practice of dowry.

PRESENT STRATEGIES TO PREVENT FEMICIDE

The constructive strategies which different organisations have adopted can be classified into the following sections.

1. Education

- Formal education
- Remedial and non-formal education for girls and women

2. Health

- Training dais, health workers
- Clinics for women and children
- Family planning
- Feeding programs for children in balwadis

3. Economic uplift

- Establishing women's credit and saving groups
- Skill training of women (eg: tailoring)
- Income generation activities for women
- Financial incentives for: Girls to continue schooling

4. Consciousness raising

- Creating awareness on gender inequality in the patriarchal society
- Formation of women's groups for providing support
- Women mobilized to struggle for greater access to resources from the government

5. Child welfare

- Adoption centres and balwadis for child care

The Limitations of present femicide prevention programs

1. Poor documentation

All NGOs do not have good records of the numbers of girl children who are born, those who have died and those that have been saved. This information is needed to compare rates of femicide over time, among different castes/classes and also between geographical areas.

2. Undue burden on women

All programmes which promote family planning target only women. Men are rarely motivated although vasectomy is simpler, safer and cheaper than tubectomy.

3. Unrealistic expectations of NGOs

Several NGOs that are involved in this issue have unrealistic expectations regarding the time taken and the efforts that are required to bring about significant reduction of female infanticide. I have come across much impatience and disappointment in organisations who find that femicide persists in spite of all their efforts. It may be due to this feeling of hopelessness that some of them have started reporting cases to the police since the last two years.

4. Severe neglect of saved and surviving girls

In spite of a lot of recent awareness about female infanticide and its incidence, it is important to keep in mind that only about 5 -15% all girls born are victims of female infanticide. Most girls survive in a community. But, there is no effort to document the fate of the saved and surviving girls. We do know however that girls are discriminated against in various ways by their families. This deliberate socially

sanctioned neglect has far reaching impact on the physical growth (severe malnutrition, severe stunting), survival and mental abilities of the girl child. For instance, severe stunting is a continuum of femicide and has intergenerational consequences, as these girls will be impaired as future mothers. Their babies will suffer from intra-uterine growth retardation and be born underweight.

Coercive approaches

Coercive approaches are being increasingly resorted to by the District Administrators and the police in TamilNadu. In Salem the Supdt. of Police offered cash incentives to those who report cases of female infanticide. Several NGOs have also resorted to coercive approaches and many have also told me of pressure from top police officials to report cases.

Consequences of coercive approaches

1. The very ability to count births and deaths is affected. The practice naturally went underground and it is becoming increasingly difficult to get reliable statistics. In Madurai, fewer cases of female infanticide were reported. Methods of killing were changed. People would commit female infanticide in other areas. As during the British period, there was misreporting of females as male at birth in Salem. Deaths were claimed to be stillbirths.
2. Several NGOs have said that police were asking bribes to hide female infanticide.
3. There seems to be a shift from female infanticide to female foeticide in some areas.
4. The physical safety of workers has been threatened. As a result, they are forced to visit villages in groups of two or three which is a waste of limited resources.

Current Tamil Nadu govt. actions

Ms Indirakumari, the Minister of Social Welfare has been the most outspoken about female infanticide. In 1992 at the launch of the cradle babies scheme she announced that female infanticide will be eradicated in one year. Mercifully later the Chief Minister Dr J Jayalalitha promised to eradicate female infanticide by 2000. In recent public meetings Ms Indirakumari has reportedly announced that

female infanticide has been eradicated from Salem. Other officials claim it continues only in a few remote villages and attribute the reduction to the schemes of the Jayalalitha Govt.

Several NGOs have told me that the State authorities expresses their displeasure to them when the media carries reports on female infanticide. It appears that the Tamil Nadu Govt. wants to create images of being the savior of women rather than implement long term actions for raising the status of women. If China could not prevent femicide, if the British failed in colonial times, how will coercion succeed in Tamil Nadu today? The current coercive actions of the State are grave setbacks to the goal of eradicating female infanticide. Is the Govt. response today moving backwards from recognition to denial of female infanticide merely to serve the political interests of the current ruling party?

I hope the Chief Minister, Ms. Jayalalitha will recognise the negative consequences of the current coercive actions, the dangers of denying female infanticide and interfering with preventive measures of NGOs. Otherwise there is little hope of realising the state goal reducing female infanticide in Tamil Nadu by 2000.

Acknowledgments

I am most grateful to many organisations for sharing their experiences with me. All except one permitted me to observe their field activities. My recent work was supported in part by India Fund, Washington DC and the Institute for the Study of Natural & Cultural Resources, California. My earlier work was with the assistance of UNICEF, Rockefeller Foundation and Thrasher Fund.

Notes and References

1. George SM, Abel R and Miller BD. Female Infanticide in South Indian Villages. *Economic and Political Weekly*, 27, 1153, May 30, 1992.
2. There are several extensive accounts of the British response to female infanticide during the colonial period. For brevity, this brief historical perspective is based on Malavika Kasturi's paper "Law and Crime in India: British Policy and the Female Infanticide Act of 1870", in the *Indian Journal of Gender Studies*, 1:2, 1994.

QUESTIONS FOR GROUP DISCUSSION

June 15th, 2:30 pm

1. What are the immediate causes of female infanticide? Whom does it affect (rich/poor classes, upper/intermediate/Harijan castes or tribals)? What is the extent of the practice (What percent of newborn girls are affected)? How did you infer this?
2. How recent is the practice of female infanticide? Has it increased over the last 20 years (If so why)? Do you know of clinics undertaking sex-determination tests near your area? How far are they? How expensive is the test? When was the clinic established? Do you think there is an increased utilisation of such tests by the rural people over the last 2 years?
3. What kind of constructive programmes do you advocate to prevent female infanticide? How much resources (money, staff, time) would you need to undertake a program in 10 villages of a total population of 20,000 people? Do you believe that the State Govt. can eradicate female infanticide in Tamil Nadu by the year 2000?
4. What do you think of the criminalisation of female infanticide by the Tamil Nadu Govt.? What is its impact on the goal of eradication of femicide? Do you think that the NGOs should report cases of femicide to the police?

The participants were divided in to four groups to discuss the questions given above. The summary of their discussion is as follows :

1. The participants discussed the immediate causes of female infanticide. Some of them are :
 - a. Poverty as well as the absence of integrated development programmes.
 - b. Lack of awareness that it is an inhuman practice
 - c. Preference for male child - due to cultural reasons like :
 - To keep property rights within the family

- Elimination of female children in the attempt to have a male heir, who is preferred in the patriarchal society
- When there are no male family members (morai) to marry the girl child
- While the male child is thought to remain with the family, the female child leaves the family after marriage.

- d. The many expenses traditionally related to bringing up a girl child - conducting the puberty ceremony, marriage, dowry, first deepavali, child birth expenses
- e. To spare the girls from future harassment as women.
- f. The media attention to female infanticide by itself may have motivated other families who were not aware of female infanticide as an option to eliminate girl children. The propaganda of one family, one child , and that abortion is not wrong, add to their perspective of female infanticide.

On the whole the families feel a woman is useless to the family and society.

As far as the caste configuration of female infanticide, intermediate castes resort to female infanticide mostly, followed by poor harijans, and then selected upper castes. The groups felt that between 10 - 21 % new born girls are affected by this practice.

2. The groups were unanimous that female infanticide is not a recent phenomenon, but has reached alarming proportions in the last 20 years. That neo-natal death ratio of female to male child has increased can be confirmed by statistics. They were also unanimous in their awareness of clinics for sex-determination through scanning. These clinics were thought to be started from 1990-91 onwards. The cost of the test ranges from Rs300 - 500. Even the very poor resort to scanning by selling their belongings if need be for the expense. The test facilities are available at all towns and sometimes even at taluk level. Even though no recorded evidence is given to families, the scanning result is passed on to them

GROUP DISCUSSION

orally. There is increasing use of such tests by even rural people over the last two years.

3. The group felt that constructive programmes should focus on gender equality and improving the self image of women. Efforts should be made to build awareness against female infanticide. Mass communication media, such as films, video, TV., and folk arts such as street theatre and folk songs should be used to change attitudes towards women. Efforts should be made to break traditional practices which encourage female infanticide.

The surviving girl children should be cared for. Primary education should be made compulsory and free for girls. Old age security should be provided to remove the parental dependence on boys - which will help accepting the birth of the girl child.

Women and youth groups should be actively encouraged to be watchful against female infanticide. They should celebrate as a community the birth of female child, in the same way as the birth of a male child.

Women should be provided skill training to take up work independently. Income generation projects for self - help should be started for them by providing seed money. Institutional credit should be offered more and more for women entrepreneurs and several such efforts should be taken for the economic independence of women.

Even though men are reported to be the instigators for female infanticide, women also participate in this decision making. There should be a thrust on family planning once a female child is born. The community as well as social workers should be watchful over the next pregnancy, and provide follow-up and supportive education. If the second child is also female, family planning should be encouraged to prevent the death of the third child also turns out to be female.

The community workers of both NGOs and Govt. agencies should be made aware of female infanticide in their area, so that they can be vigilant and prevent it.

The Govt. schemes for girls are not satisfactory. Instead of making deposits of money, each girl child can be given 3-5 acres of land at birth. Acts enacted in favour of women should be implemented properly.

Only two groups attempted a budget for a female infanticide program. They had specified at least one worker for thousand people and in addition for a proper programme to be implemented, in ten villages they felt it is necessary to have two community organizers to supervise the programme. They urged that any such programme should be done for a minimum of 5 years.

The groups were unanimous that the Tamil Nadu Govt.'s programme of eradication of female infanticide by 2000 AD is far from realistic, but that NGOs and people should work towards its eradication at the earliest possible time.

4. In general the group felt that the criminalisation of female infanticide is not the right solution. However some participants felt it will put fear into people and deter the practice. Others felt it would only make people commit the act secretly and that the very documentation of the act will be inhibited. The empty cradles of the cradle scheme show that female infanticide is a socio- economic problem and cannot be ended by brutal implementation of the law, but through humane and compassionate programmes. The groups except for a few participants felt that the practice should not be reported to the police.

Mr R. VENKATACHALAM Community Services Guild, Salem

THE Community Services Guild, Salem has been involved in the issue of female infanticide for several years. The organisation had conducted a study on the practice in 1992. They had documented the practice in Salem district, but said that it had spread to the other districts now.

Mr Venkatachalam described the programmes that CSG had initiated to prevent female infanticide which included awareness programmes, formation of women's groups and education of women.

The awareness programmes focussed on changing the attitudes of the community towards girls by advocating changes in certain deeply ingrained attitudes - that women could be given equal property rights or allowed to enter the cremation grounds and light the funeral pyre of their parents and so on. Education of girls was stressed as this also delays the age of marriage and childbirth. Educational sponsorships are arranged for girls studying in the eighth class and above. Vocational training is also organised for girls and they are also helped to become self employed.

One of the unique programmes of the CSG is in response to the experience that women are 'targetted' for family planning programmes by the Govt. Once they agree to undergo the operation they are totally neglected. CSG's staff visit the family in the hospital and provide support to the woman and the family in various ways. They also encourage the compulsory registration of births and deaths of both male and female children. They are involved in adoption and foster care as well. As for the Govt. cradle scheme, their experience is that people find this difficult to accept as they would rather kill the child than give her to be brought up by strangers.

Women's groups are formed and issues like dowry and empowerment of women are taken up by them. As much as the parents of girl children need to be counselled, the neighbours and others who significantly affect the decision of the parents to commit

infanticide need to be counselled and guided. Women's groups that are newly started are exposed to other such groups that are functioning successfully.

Ms MADHAVI ASHOK Unicef, Madras

Ms Madhavi Ashok began her talk with an explanation about the UN convention on the rights of the child, in which several countries around the world agreed to safeguard the childhood and rights of children ; India is also a party to the terms of this agreement.

In 1992 India drew up the National Plan of Action which was quickly followed by the State plan of action in 1993 in Tamilnadu. One of the important aspects of this was the 15 point programme of chief minister Ms J. Jayalalitha. In 1994 the district plans of action made these abstract ideas into practical guidelines.

The four major issues about the girl children that were tackled were the

1. Survival (e.g. Immunisation)
2. Protection (e.g. Nutrition)
3. Development (e.g. Education)
4. Participation

Ms Ashok brought to our notice the sharp decline in the female birth rate as revealed through the sex ratio which in 1900 was 1050 females for 1000 males, but in 1991 had fallen to 972.

Unicef is involved not only through direct programmes, but rather through documentation, preparation of communication materials, coordination between agencies and providing various resources including finances to other projects. For example, they had prepared a series of cartoon films that reveal the status of the girl child in India, that after extensive field testing has been translated in several Indian languages. Some of the cartoons from that series were viewed by the participants and led to a lively discussion on their

SHARING OF EXPERIENCES

role and effectiveness in making people aware of the status of the girl child. In the area of coordination, they had organised several meetings with the govt. departments that were involved in child care. These meetings provided an opportunity for the officials to come together instead of working at cross purposes and plan for programmes that would benefit from their coordinated effort. Unicef had also conducted a study of the attitudes to women and girl children as well as the practice of female infanticide in Salem district, in 1993 the results of which have been appended. They have also made a start in the area of collecting gender specific data from the government agencies at the grassroots level which has been currently largely unavailable.

Ms ANDAL DAMODARAN **Indian Council for Child Welfare,** **Tamil Nadu**

Describing the programmes that the ICCW have developed to combat the problem of female infanticide, Ms Damodaran said that their project has both long and short term goals that include counselling and monitoring of pregnant women, especially those who are at risk of committing female infanticide.

Some of the problems faced by the ICCW in the course of its work in the field over the last five to seven years have been :

Limiting the area of operation

ICCW began the female infanticide project with five villages in 1987 and are now covering the entire Usilampati area. As the practice of female infanticide is found to be so widespread, one of the problems has been limiting the area of operation, but it is essential to as the resources are limited.

Uncertainty of funding

As the problem of female infanticide is one that has existed for generations, it cannot be wiped out in a short period of time. But organisations like theirs do not have confidence of the availability of continuous funding to plan out a project for several years. Thus their activities are constrained to a certain extent.

Retention of staff at local level

As the target group for this project are women, the organisation prefers to employ female field staff and female professionals. As with other voluntary agencies, the staff turnover of professionals is quite high as the staff get married and move out of the area.

Selective reporting by the press

Although the media have helped in making public the issue of female infanticide and forced the State to acknowledge the practice in Tamil Nadu, there have also been times when the work of the press has actually hindered the organisation through misreporting, sensationalisation of the issue, selective reporting and indiscriminate use of statistics. At times the staff have feared that extensive reporting about female infanticide could result in more people committing the act as they see that it is an easy option for eliminating unwanted girl children.

Criminalisation of female infanticide

While the controversy over whether those who commit female infanticide should be reported to the Police goes on, at the field level, staff see the practice is almost flaunted by some people as they are sure that no action can be taken to prevent them. This has at times affected the workers deeply and they feel helpless in the face of such 'arrogance'. This kind of situation had forced the ICCW to report two cases of female infanticide to the police.

Staff Morale

After counselling pregnant women for several months, meeting their families and even the neighbours, and constant monitoring, if the girl child born is killed, the field staff get very demoralised. Thus maintaining staff morale is a very real need.

MR A RENGANATHAN **Village Reconstruction for Development** **Project, Salem**

Mr Renganathan from the Village Reconstruction and Development Project gave a brief outline of the situation at Salem. He and his colleagues at VRD

had recently completed a study on the practice of female infanticide in Salem district and shared some of their findings.

He mentioned that although it had been publicised that the Kallar community was committing female infanticide, it was VRDP's experience that the practice was not confined to that caste alone but was widely prevalent in other castes as well. He felt that as many of the reasons for this practice were said to be cultural, marriages across caste lines could reduce the occurrence.

Mr Renganathan felt that the cradle scheme of the Govt was not the right approach to the problem. He observed that out of the first 112 babies who had been abandoned in the cradles, 97 were from the Salem area. Only 15 were from other parts of the state. He also said that several of the babies who had been placed in cradles, who had been 'saved' had in fact died subsequently.

He also brought to the notice of the participants that the killing of male children was practised by a caste group called as the 'Thottinayakar', due their belief that they were harbringers of ill-luck.

Mr SIVAKUMAR

Health Worker, Centre for Rural Health and Social Education, Triupattur

Mr Sivakumar had heard about the practice of female infanticide in the villages. He collected some data about the numbers and reported causes of deaths of female infants in the Tiruapattur Block which is represented in the table below :

<i>Cause of death</i>	<i>Number</i>
'Social cause'	58
Premature birth	08
Respiratory problem	10
Blue Asphyxia	03
Low birth weight	18
Nut. Def	02
Thyphoid	01
Abdominal swelling	01
Other	01
Total	<u>102</u>

(Total female births 1236)

When there was no real medical reason for the death of the infant, the officials had actually accounted for it as a death resulting from a 'social cause'. Mr Sivakumar after interviews with the families concerned, their neighbours and others concluded that these are actually instances of female infanticide. He was quite sure that the officials in charge were also aware of this fact.

After making some enquiries about this from the people he learnt that the reasons for committing female infanticide were similar to those stated in other areas and that it is not confined to a particular caste.

MEDIA PERSPECTIVE ON FEMALE INFANTICIDE

Ms Ammu Joseph

(Media critic and freelance journalist;
based in Bangalore)

Ms Ammu Joseph after hearing several NGOs recounting their negative experiences with the press stated that she had not come to defend her profession. She accepted the criticisms that were levelled against the press : of coming to cover stories without adequate preparation, of insensitivity, of talking to just about anyone on the scene, of concentrating on the dramatic and also using statistics out of context. Instead of blaming the journalists whom she felt were very often young and eager to impress, she laid the blame for this on irresponsible editing/ editorship.

At this point she was reminded by some participants of the positive contribution of the press as well. Apart from the issue of female infanticide, she said that several social issues had been put on the public agenda due to the press. She attributed this to the liberal phase that the press had gone through in the post emergency period. But now in the post-liberalisation phase, considering the predominance that business and entertainment related topics had assumed in the media, she felt that the prospect of the press continuing in this direction is not very bright.

She gave some practical suggestions that NGOs could take up which would enable them to relate better to and benefit from the media.

1. To write many letters to the editor.
Letters that convey disapproval or are appreciative of press coverage or even in response to an issue itself will ensure that it will be kept in the public eye.
2. To cultivate sympathetic journalists.
While inviting journalists to cover problems or happenings, it is also important the requirements of the profession are respected. The idea is not to give old, vague information and expect it to

be covered well, but to give information that is factual, topical and analytical on which stories can be based. Also, to understand the constraints of the journalists if the story is not accepted at once - because there are complicated decision making hierarchies in the newsroom that decide if and when a story gets published - and to continue to make attempts.

3. To write for mainstream publications
Obviously the writing should be of high quality, and the background and expectations of the reader should be kept in mind. The effectiveness of writing in the regional language was underlined.
4. To write for children
The importance, satisfaction, and feedback from writing for children, of helping to shape the attitudes of the next generation of citizens was emphasised.
5. To hold press conferences
As many journalists do not usually take the initiative to get new stories and they might need to be informed about problems, the usefulness of holding press conferences to publicise an issue was highlighted as was the need to learn the techniques of conducting press conferences. Certain useful information like holding the conference in a central location in the city or town, of having proper preparation and so on were explained. This was especially relevant when the information is about a rural problem as the media does have an urban bias, tending to concentrate on urban issues.

LEGAL ASPECTS OF FEMALE INFANTICIDE

Ms Kavitha, M.

Consumer Action Group, Madras

Talking about the law and female infanticide, Ms Kavitha stressed the need for a change in the interpretation of the law. The present situation revealed that the State had failed to function and therefore was unable to protect its citizens.

For example, in the case of dowry deaths, however cold-blooded, it is considered to be a social crime and not murder, and the law can sentence the offender to prison for a maximum of seven years only. Even when there have been convictions it has hardly served as a deterrent to others as the crime has not shown any signs of declining at all.

As regards the NGO attempts to deal with social issues through the law, not very much has been accomplished. Most often only appeals have been made.

In the same way in trying to convict those who run sex-determination clinics, the legal position is not going to help the NGOs very much. It is very difficult to prove that the test was conducted in order to determine the sex of the foetus as many of the clinics use several tests on pregnant women for various reasons. Although there is a law, there are too many loopholes in it for it to be implemented properly. The medical world should respond to it as a case of professional misconduct, and strike the doctor off the registers and remove his licence to practise.

We should understand that the criminal law is repressive against economically backward people. NGOs can conduct public hearings, hold people's courts and publicise their actions widely.

CREATING SOCIAL AWARENESS THROUGH EDUCATION

Ms Saraswathi,

Professor, Queen Mary's College, Madras

Prof. Saraswathi, began by saying that at the rate the sex ratio was falling, soon women will probably be exhibited in the Vandalur Zoo as an endangered species !

She felt that the root cause of most problems that are faced by women is that the basic philosophy of our society, which is predominantly Hindu, is against women. She felt that this largely true for all the

world religions but was specifying Hinduism as she did not know enough about the other religions. Most people do not know what this Hindu philosophy is, but they have internalised the values and principles of it so much so that it has become a part of their very being.

The notions that women are useless, that they are born to serve men, to glorify them and to bear them (male) heirs is all-pervasive. If a man does not want to fulfill his domestic obligations he can find satisfaction in becoming a sanyasi, but even this escape is denied to women who cannot honorably become a sanyasi or remain a spinster.

There is a saying, when a cow dies it is a loss for a man, but when a wife dies it is a profit as the cow is expensive, but a widower can always marry again and receive a second dowry as well.

It is the practice that one who has the responsibility also has the rights - and therefore the son who has the responsibility of lighting his parents' pyre, of conducting the poojas is the one who is in possession of the rights to property, to the name and the care of the parents. The woman is denied both.

While the woman is being treated as a vehicle for child bearing, a slave, a sex-object and a product, one aspect of her is forgotten - that she is also a human being.

Talking about the social consciousness and responsibility of young women out of her experience as a teacher, Prof. Saraswathi felt that very few of them showed any interest in things that did not affect them directly. She also felt that this apathy was not in any way aided by the attitude of the teachers themselves who took little effort to go beyond the immediate scope of their own subjects and were probably not informed enough themselves. Thus she felt that having expectation of the involvement of young people in social issues and also generating awareness of social problems in them through the teachers in colleges is unrealistic.

GROUP DISCUSSION II

Specific Objectives for Group discussion II

June 17th, 9:20 am

1. DOCUMENTATION

Quantitative

1. To enable groups to establish a good surveillance system of vital events as pregnancies and their outcomes as still births, deaths, live births, abortions. To estimate the percent of deaths and births underreported by the surveillance system.
2. To determine the percent of girls who are becoming the victims of femicide and the percent of excess mortality of infant girls over boys.

Qualitative

3. To describe methods of killing, when does killing occur, who is often responsible for the act.
4. To explore the variables associated with female infanticide.
5. To document the people's rationalisations and perceptions of the practice.
6. To understand their perspectives on how long this has been occurring and whether there have been changes in the incidence.
7. To monitor changes in the utilisation of sex-determination clinics and of sex-selective abortion.

2. NETWORKING

1. To share experiences of strategies of prevention and workout appropriate action plans.
2. To exchange communication materials
3. To identify commonalities in the causes of femicide
4. To lobby for proper enforcement of existing social legislation on female foeticide

5. To persuade donors to consider this issue in the larger context of development

6. To encourage NGOs to take up the issue of femicide as part of their developmental agenda

3. PROGRAMMES FOR THE GIRLS BY GOVERNMENT AND NON-GOVERNMENTAL AGENCIES

1. To ensure adequate rehabilitation schemes for the protection of saved girl children
2. To enhance the quality of care of the surviving girl children
3. To develop and monitor follow-up programmes for the growing surviving girls.

REPORTS ON GROUP DISCUSSION II

1. DOCUMENTATION

The group that met to discuss the documentation of female infanticide realised the need to collect reliable statistical data on female infanticide. The primary sources for this information would obviously be the families concerned, and their neighbours. As the dais who attend the deliveries are frequently implicated in the act, information on their involvement could be gathered and they could also be oriented to gather data on the practice. If a relationship is built up with the scanning centres as well, information related to foeticide could be discreetly tapped from them.

As female infanticide is no longer considered to be a recent occurrence, its history and evolution could be reconstructed through discussions with the elders in the village.

As far as possible, the community workers should encourage people to register the births and deaths of both girls and boys in their family.

The collection of such data would be greatly facilitated if the NGOs and other grass roots workers like the staff of Tamilnadu Integrated Nutrition Project, Health department, work in co-operation with each other.

2. NETWORKING

It was repeatedly expressed that isolated attempts to deal with the issue of female infanticide could not be as effective as unified efforts through networking.

Networking can be a means by which different organisations working on various aspects, in different places can address the issue of female infanticide with a comprehensive perspective. Networking of several organisations for a single cause can add strength to their efforts, which is very important especially when it comes to advocacy and lobbying for change at the policy level.

Organisations which are already involved in fighting female infanticide, should share their knowledge with others who are interested in working for this cause. Organisations which are working in areas where female infanticide is a major issue but which have not developed programmes for its prevention should be encouraged and supported to take up the issue.

Another area of operation was that of development of human resources, of arranging training camps to develop skills and strategies to combat female infanticide.

Working together can lead to sharing of experiences of learning from the successes and failures of other organisations, their strategies and programmes, which can lead to the growth and learning of all those involved. From these, common methodologies to prevent female infanticide can be evolved.

One important conclusion was to deal with not only the problem of female infanticide but also to work towards safeguarding the rights of the

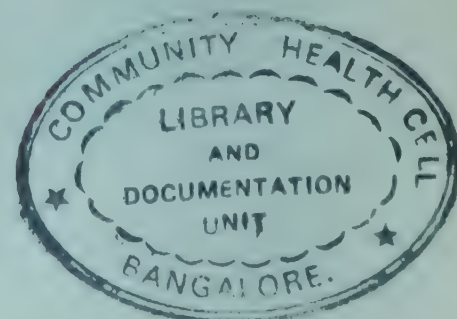
surviving girl children.

Although differences and difficulties may be inevitable, we should be able to transcend the existing barriers and co-operate with each other given our commitment to the cause of preventing female infanticide.

3. PROGRAMMES FOR GIRLS BY GOVT AND NGOS

The members of the group shared the various programmes of the State Government to combat the problem of female infanticide, like the cradle baby scheme, the cash incentives that have been offered for girl children and so on. They also recalled the other schemes of the government to improve the lot of women and girls. Each organisation also shared their own efforts to tackle the practice of female infanticide directly or indirectly be it through education, consciousness raising, economic uplift or health programmes.

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CONCLUDING REMARKS

AT the end of the three days, Mr Bennet Benjamin recalled the inputs by experts, the sharing of experiences, the group discussions and the plenaries by means of which the participants were able to learn about the problem of female infanticide, its magnitude and socio-political and economic dimensions and its legal implications.

Although female infanticide was the focus of the discussions it was clear to all the participants irrespective of their experience in dealing with the issue, that its prevention cannot be isolated from the social environment that promotes it. Therefore the strategies that need be devised to combat the problem likewise should aim at the transformation of the larger society as well. Mr Benjamin called it the need for a cultural renaissance. Many organisations have tried to formulate programmes that would enrich humanity as a whole and would emphasise the empowerment of women as well. Apart from the direct prevention of female infanticide, the programmes aimed at promoting value-based developmental activities, would also improve the quality of life of people.

Recalling the various methodologies that had been used by the various agencies in this field, he classified them into

- a. Forming or strengthening reference groups or issue -based groups.
- b. Working out a plan based on data-research.
- c. Working to modify public opinion at the individual, local, National and global level
- d. Advocacy and lobbying which could be accomplished through public meetings and seminars, exhibitions, posters and picture campaigns, training, folk media, films and documentation.

Mr Bennet Benjamin pointed out that during the seminar, a recurring theme was that prevention of female infanticide cannot be accomplished by the efforts of individual organisations but it has to become a people's movement.

Questionnaire On Aspects related to Female Infanticide

We will greatly appreciate if you could answer this questionnaire and mail it back to us immediately in the enclosed stamped envelope. This will give us some sense of how extensive the practice of female infanticide and foeticide are. Further, it will also assist all of us in our discussions at the Seminar. (Please circle your preference where appropriate or answer at the side of the question)

1. Name of your organisation
2. Have you come across instances of femicide in your area ? 1. Yes 2. No.
3. If yes, who practices it? (Specify caste / class / groups and other details) _____
4. Are you aware that pregnant women are seeking sex- determination tests (scanning) in your area?
1. Yes 2. No
5. If yes, for how many years are you personally aware of this ?
(Specify number of years)
6. If yes, could you tell us how many cases you were aware of in the last one year ?
(Specify number) _____
7. If you are aware of any such cases, could you mention where the clinic is located ?
(Specify the town) _____
8. How far is it from your Office ? (Specify in) _____ Km.
9. What are the usual charges for this test ? Rs. _____
10. When did this clinic start functioning ? 19 _____
(Specify the calendar year)
11. Are you having programs to reduce female infanticide ?
1. Yes 2. No
12. If yes, since when? (Specify calendar year) 19 _____
13. Describe the components of your programme :

APPENDIX 1 - B

THE PRACTICES OF FEMALE INFANTICIDE AND FEMALE FOETICIDE:

RESPONSES BY NGOs

INTRODUCTION

We sent a questionnaire on female infanticide and female feticide (Appendix 1 - A) to about 60 NGOs. Most of them are working in TamilNadu. The objective was to find out how extensive were the practices of female infanticide and female feticide. We received 19 replies from organisations working in Dharmapuri, Salem, Madras, Nellai Kattabomman, Trichy, Villupuram Ramaswamy Padaychi, Madurai, North Arcot Ambedkar, Tiruvannamalai Sambu-varayar Districts of TamilNadu and the states of Orissa, Karnataka and Andhra.

RESULTS

Eleven of the 19 organisations were aware that femicide was prevalent in their areas. They reported that the practice was occurring among the upper, backward and SC castes and also the tribals. It seemed that backward castes were more often involved in the practice.

Almost all the organisations (17 of 19) said that they knew of pregnant mothers in their regions who went to sex determination clinics to find the sex of the fetus. For the past 3 years (mean) some pregnant mothers were using the services of these clinics. These groups reported that the number of women who sought such tests during the last year ranged from 2 to 50. Six organisations stated they could not estimate the number of women who went for such tests.

The sex determinations clinics were located relatively close to the areas where they were working. The average distance from their offices to the clinic was 30 km (range was from 1 to 80 Km). In addition to cities as Salem, Trichy, Madras, Pondicherry and Madurai the respondents mentioned that sex determination clinics were also located in towns such as Chittoor, Kolar, Dharmapuri, Tirupatur (NAA Dt.), Kovilapatti, Vellore, Tiruvannamalai, Athur and Edapadi (Salem Dt.). The clinics were functioning since the early nineties. The earliest reported clinic was in operation from 1989. This is the largest private hospital in Salem District. The charges for the test varied from Rs. 150 to 1000 (mean was Rs. 373).

Ten organisations are implementing programmes to prevent female infanticide. Many of them started around 1991-1992. One is planning to initiate shortly and the others have expressed interest in doing so. The components of the ongoing programmes are among those

mentioned in "A Perspective on Female Infanticide" (Page 8)

DISCUSSION

The findings of this survey are consistent with some of the observations made by me in the 'Personal Perspective' The observation that more organisations were aware of the practice of female feticide than female infanticide may appear surprising. I believe this could be due to several reasons. The services of the sex determination clinics is spread/advertised by doctors. Often such a service is provided in hospitals or clinics which provide many different kinds of medical care (eg. abortion, obstetric & gynecologic etc.). I have come across some doctors who want most pregnant mothers to have an ultra-sound scan. This is probably done by the Doctor to increase their income as the referring doctor gets a commission on each case from the scanning clinic. On the other hand, female infanticide is done within the confines of the home in villages and seldom mentioned to outsiders. This is particularly true since the state has been criminalising the problem of female infanticide. Only if the NGOs have intimate contact with villagers and or have a careful surveillance of births and deaths, will they have noticed the practice of femicide. An NGO working in the area of water/irrigation is unlikely to stumble upon the existing practice of femicide.

Femicide is known to be practiced by all the castes in parts of Salem and Madurai Districts. This pattern seems to be so in most other Districts of TamilNadu as well.

The relatively rapid spread of the clinics in TamilNadu appear to have happened during the period when police initiated action in Salem and Madurai Districts against families who commit femicide. It is most likely that the increased demand for the services of clinics was caused by the state oppression against families who committed female infanticide. Given the rapid spread of clinics to even small towns in South India it is imperative that NGOs should carefully monitor the utilisation of sex determination tests. This will enable us to discern trends over time and facilitate comparisons among different areas. Further it is essential to organise campaigns against the use of the tests. Morally there is no difference between the practice of female infanticide and female foeticide. Both lower the status of women. Further all of us together need to appeal to the state to implement the national legislation which forbids the use of scanning for the determination of the sex of the fetus. The state has the responsibility not only to enact legislation but also enforce it.

Dr Sabu George

THE COMMUNITY SERVICES GUILD

A PROFILE ON FEMALE INFANTICIDE IN SALEM DISTRICT, TAMILNADU

The heinous practice of female infanticide seemed to have entered Tamil Nadu, the southern most state of India, during the 50s; however this came to the limelight only during 1986, thanks to the magazine India Today. It is unfortunate to see the State proud of its rich culture, had to lick its wounds caused by this practice of Female Infanticide, which has been spotted in certain pockets of the State.

The study on this issue, conducted by the Community Services Guilds and the successive workshops it had organised, bring out the following information.

Intensity : During 1991 around 44% of the female children born seem to have been done to death while another 7% foeticide has also been committed after identifying the sex of the baby in the study area in Salem District of Tamil Nadu. Though it seemed to have began with one caste (Gounder), it has now spread to other castes also.

This practice seemed to have been prevalent in most of the Blocks of Salem District, but with varied intensity.

Factors found to be influencing female infanticide/foeticide :

1. Present customs and taboos making females inferior to men in social, religious and political life including
 - a. morality attached only to female necessitating for protection throughout her life
 - b. lack of or scanty education
 - c. ill treatment by in-laws and husband
2. Feeling of inferiority amongst females themselves.
3. Unmanageable expenditure at various stages of life of females, created by age-old customs, including dowry, not only to the daughters but also their (daughters') children and thus considering female as an economic liability.

4. Importance and need for at least one male child-
 - a. to perform religious rites
 - b. to keep continuity of family's line
 - c. to retain family's property
5. Lack of good knowledge of various family planning methods (including the merits and demerits of each method).

CSG has initiated an action program to eliminate infanticide during late 1993, covering three blocks. Among the several activities initiated the following have been given importance by the CSG's field team :

- Awareness generation amongst both sexes on sex equality
- Addressing the beliefs and customs, which are found detrimental to sex equality
- Extensive covering of all pregnant women, with specific attention to 'high risk group' from the families susceptible to female infanticide & their neighbours for family counseling
- Motivation for use of family planning methods
- Compulsory registration of all births and deaths
- Education for female children
- Support to women's self-employment activities and helping them gain to control over the income so earned.
- Encourage thrift activity by women
- Initiate anti-dowry movement among youth in the project area

Presently the CSG is working in more than 150 villages through women's groups and Youth group (male as well as female); it also proposes to form village forums shortly.

At last, now there has been acceptance in general among the public that committing female infanticide is a crime. What they want now is a way out and the CSG proposes to work with them to find a solution for the same.

APPENDIX 2 - B

INDIAN COUNCIL FOR CHILD WELFARE - TAMILNADU

BACKGROUND :

The particularly vulnerable condition of the girl child worldwide has been well documented. In India, conditions of chronic poverty combined with social conditions and traditional beliefs and practices favouring boy children contribute to the particularly precarious status of the girl child. The girl child in the Indian context is seen as an 'expendable' being.

Female infanticide is the willful termination of the life of an infant girl child based solely on the factor of her gender. In particular, female infanticide is practiced on the second or third girl child in a family. It is to be emphasised that this practice is prevalent only in certain areas of India. In the State of Tamilnadu some of the areas have been identified and action taken.

Statistical analyses of the scope of the problem are extremely problematic, and to date no adequate country-wide statistical documentation on the practice exists. The female sex ratio shows significant and steady decline over the last century - 972 females to 1000 males in 1901 and 925 females to 1000 males in 1991. Sex selective abortion and female infanticide contribute significantly to this phenomenon.

The Indian Council for Child Welfare Tamilnadu started working on female infanticide in 1988, and is currently working in 288 villages in Usilampatti Block (129 villages) and Chelampatti Block (159 villages) 38 kilometres from Madurai.

MOTHER AND CHILD WELFARE PROJECT AT USILAMPATTI - MADURAI DISTRICT, TAMILNADU

The Mother and Child welfare Project at Usilampatti was started in the year 1988, in response to the news that new-born female babies are killed in parts of Usilampatti, with the main objective of bringing down the incidence of Female Infanticide and to improve the status of women in this part of Tamil Nadu.

The work commenced in ten villages in and around Usilampatti, with monitoring and counsel-

ing the pregnant women in these villages. At present the project has expanded its outreach and working in 288 villages.

The work of the project can be classified into five categories :

- a. Immediate prevention of Female Infanticide through direct counseling of pregnant mother and their family members and strengthening of the existing social controls at the village level.
- b. Support services to girl children in order to provide them better opportunities for education and skill training.
- c. Counseling and training of adolescent girls and boys on family - life skill and sensitize them to the problem so that the next generation does not carry the same social values.
- d. Programme for adult women including formation of credit cum saving groups training for income generation programmes and access to government and Bank loans.
- e. Running of a receiving centre at Usilampatti for unwanted girl babies, who would otherwise become victims to this social custom.

EXPANSION OF ACTIVITIES 94 -95 :

1. Area-Based Intensive 'Save the Girl Child' Campaign :

The area of ICCW operations have been divided into high, medium and low incidence area. One high incidence area comprising 7 villages in Kallutur Panchayat Union in Chellampatti Block, with a population of 4243 has been chosen for intensive 'Save the Girl' activities. Field workers will develop a close relationship with families, and the major field work activities in this area will be to :

- a. Monitor pregnant women and families 'at risk' (i.e. where there is already a girl child) and offer counselling
- b. Intensify intervention to save girl babies
- c. Work towards universal primary education
- d. Promote women's development activities (credit/savings and income generation programs).

2. Adolescent Girls Attitudinal Change/**Development Programme :**

It is essential to develop in young girls a positive attitude towards women. Women who are assertive and equal partners in a marriage are more likely to see a positive future for their daughters and to therefore resist pressures towards female infanticide. The major activities in this area will be :

- a. Development camps for girls. The groups are exposed to information on the rights of women, self image building, assertiveness training education, health, nutrition.
- b. An awareness programme in the villages and schools for both boys and girls studying in standards IX, X, XI, and XII.

3. Vocational Training Activities :

We intend to expand the present programme so that more girls can be trained in :

- a. Tailoring
- b. Agro-based activities (poultry farming, animal husbandry, bee keeping etc) to be followed at a later stage by :
- c. Snack making (savouries made and sold in bulk to traders)
- d. Bakery (there is a growing demand in the villages for bread, buns and biscuits)

4. Health Care Unit :

The aim is to introduce a health care system sensitive to the needs of women and young children, to supplement the currently inadequate local medical facilities available. The Unit will focus on

- a. Prenatal and postnatal care
- b. Improved safety for home deliveries
- c. Care of babies under 12 months of age
- d. Basic medical care for women and children
- e. Health education including training of local birth attendants
- f. Support the Adolescents Programme with health education components

APPENDIX 2 - C**UNICEF - MADRAS****STUDY ON ATTITUDES TOWARDS WOMEN AND CHILDREN****BACKGROUND**

Female infanticide is a practice reported to be carried out in different parts of the country such as Rajasthan, Haryana and Tamilnadu. The practice is reported to be relatively high in Salem District of Tamilnadu.

UNICEF which has been actively involved in programmes aimed at the upliftment of women and children wished to initiate a programme in Salem that would aim to better their status. In order to do this, it was necessary to understand current attitudes towards women and girls through research.

Social and Rural Research Institute conducted a study in 4 blocks of Salem district to this end.

THE STUDY**Centres**

Omalur, Panamarathupatti, Magudanchavadi, Idappady

Method

The study was primarily qualitative in nature and comprised of group discussions with the target group. This phase served to explore and understand the current status of women and attitudes towards them.

A quantitative component was also carried out to measure the extent to which beliefs and attitudes that emerged in the qualitative component held true.

Target audience*Qualitative*

Men and women - both unmarried as well as married and community influencers such as village elders and teachers.

Age

Married respondents :

Women - 15-25 years, 35-45 years

Men - 18-25 years, 35-45 years

Unmarried respondents :

Men & Women - 15-20/25 years

Quantitative

Parents of boys, only girls, newly weds, community influencers.

Respondents were literate (different levels of educational achievement were ensured) as well as illiterate.

Findings

Attitudes towards the girl child

The girl child in Salem is not a welcome addition to a family unless she is the first girl child. Reasons for desiring at least one girl child are discussed subsequently.

The girl child is considered to be an economic burden on her family largely because of the dowry and expenses her parents have to incur for her marriage and also because of the expenses for clothing, sending her to school and celebrating the event of her attaining puberty. This apart, there are other expenses to be borne by way of social custom after her marriage.

A son in contrast is seen to be a harbinger of income to the family by way of his earnings and very importantly the dowry that he brings in at the time of his marriage. He is also much desired as he is considered necessary to perform his parents' last rites.

A woman's status in the target groups society is low. The girl child is brought up to be a subservient daughter and later, a subservient wife.

- From her early days she is taught that her brother has more right to education; thus in the face of financial difficulties a boy's education is given greater priority.
- The girl's education is stopped when she attains puberty as it is no longer considered appropriate for her to interact with the opposite sex as she might bring disgrace to the family. There is also a fear that she will elope with a man of her choice.
- From the age of 10-12, the girl child eats after the menfolk and with her mother; they

reportedly eat leftovers. This raises questions about the nourishment that she receives.

- The girl is expected not only to work at home by performing various chores such as washing, cleaning, taking care of siblings but also helps in outdoors work in the field, fetching water etc.
- In contrast, the male child, helps in outdoors work only, almost never in household work as this is considered effeminate and demeaning for men.
- The adolescent girl's entertainment in terms of watching movies, going shopping is restricted to outings with her parents while a boy can go out as he pleases.
- A working girl and woman would necessarily hand over their earnings to the father/husband without even considering that they might want to keep some aside for their personal expenses. Any money required has to be asked for. A son would keep some of his earnings for his entertainment before handing it over to his father.
- The adolescent girl is given away in marriage according to her parents wishes though she often has a say in the choice of groom. She is expected by her parents and parents-in-law to be disciplined so as not to cause any troubles or bring trouble and disgrace upon herself and her family.
- The woman and girl have no share in the family property which is shared among the sons. Their dowry is considered their share of the property / wealth.

Practice of female infanticide :

The practice of female infanticide though known to exist and acknowledged by the community is not talked about openly. While one or two girls are accepted, subsequent girl children would be killed.

Female infanticide is carried out by :

- Choking the infant by giving her grains of paddy
- Wrapping her in a wet cloth and leaving her in that

- Starving her
- Feeding her the poisonous milk of a cactus
- Feeding her with some poisonous powdered seeds
- Feeding her pesticide

The act is usually carried out in the first 1-2 days of the infant's life by the paternal grandmother or a professional killer, not in the presence of the mother. The child is then buried which has given use to the term 'koozhipappa' or pit baby for a victim of the practice.

Reasons :

The main reason that emerged for killing a female infant was that she is considered to be an economic burden for her family. The fear of paying a dowry for wedding looms large at her birth and this, as stated earlier is one of the primary reasons for being considered a drain on her family's financial resources.

Parents who feel they will be unable to provide their daughter an adequate dowry because of their poverty prefer to put an end to her life at the beginning rather than see her grow up and lead an unhappy life after marriage.

There is also the belief that killing a girl child ensures the birth of a male child.

Further, there also exists the feeling that it is preferable to give up a daughter to the god of death than given her to someone else to bring her up. This could be one reason for the lack of success of the cradle baby scheme in Tamil Nadu.

Reasons for desiring one girl child :

One girl child is welcome and desired as she is seen as someone who will mourn her parent's death; will care for them during illness; bring about emotional bonding within a family.

Further, one daughter is seen as Mahalaxmi and as the harbinger of happiness and guests and the opportunity to welcome them home.

The latter point may be viewed in the context of Hindu philosophy which considers the guest to be on par with God and deserving to be treated as such. "Atithi-Gathar" or looking after guests is considered to be a duty.

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APPENDIX 3

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